

REFERRALS TO THE CHILDREN'S CASE RESOLUTION SYSTEM

- 1. All efforts to resolve the case on the local and state levels must be exhausted before consideration for review by the CCRS. Cases should be staffed on the local level with all agencies that have possible service delivery responsibility. If resolution cannot occur on the local level, cases should be referred to the state agency level for resolution before making a referral to the CCRS. Written documentation outlining efforts to resolve this case must be included with the referral.**
- 2. Referrals for consideration and approval for out-of-state placement, outside of 50 miles of the SC border, may require additional information and documentation. All efforts to place the client in South Carolina must be exhausted and documented. Please include a list of all applications or solicitations to in-state providers and provide copies of denial letters from providers.**
- 3. Avenues of appeal within each agency or school system should be followed and explored for appropriateness. The case will not be reviewed if involved in due process proceedings or if it is determined that due process or other avenues of appeal are more appropriate to review the case.**
- 4. If an agency or school is making the referral, the referral will not be accepted unless signed by the agency's State Director, District Superintendent, or designee. If an agency is assisting a parent in making the referral, the agency must sign the referral.**
- 5. Please provide the following supporting documentation in addition to the completed referral:**
 - a. current psychological evaluation within the last 3 years**
 - b. current Individualized Education Plan (IEP)**
 - c. discharge summaries from previous placements**
 - d. school disciplinary and incident reports, including records of expulsions/suspensions**
 - e. copy of the court order verifying custody *if* the child is in custody of someone other than the biological or adoptive parent**
 - f. any court orders related to the child's treatment or agency/school involvement**
- 6. Cases will not be accepted on children age 18 or over, per state law.**

In order for this application to be complete, all sections must be completed and appropriate documentation must accompany the referral. Please mail your completed referral and supporting documentation to the following address:

**Children's Case Resolution System
1205 Pendleton Street
Columbia, South Carolina 29201
803-734-1826 (phone)
803-734- 0396 (fax)**

(All sections must be filled in completely)

SECTION I: REFERRAL SOURCE

Referral Date: _____ Name of Referring Party: _____ Phone #: _____

Relationship:_____ Agency (If Applicable):_____

Mailing Address: _____
 (Street or P. O. Box) (Apt/Suite #) (City) (State) (Zip Code)

If referring party is a local government agency, referrals MUST be reviewed, approved, and staffed by the state agency and signed by the agency's state director or designee.

Child's Name: _____
(Last) (First) (Middle) (Suffix Sr., Jr., III, etc.)

Date of Birth: _____ Age: _____

Social Security #:_Medicaid #:_ Does child receive SSI benefits?(Y / N)
(Circle One)

Insurance Company: _____ Policy #: _____

Does child have access to a trust fund or settlement from civil litigation? (Y / N) Child support? (Y / N)
(Circle One) (Circle One)

Current Placement: _____ Since: _____

Father's Name: _____ Date of Birth: _____
(Last) (First) (Suffix)

Legal Custodian: (Y / N) Home Phone #: _____ Work Phone #: _____
(Circle One)

Mother's Name: _____ Date of Birth: _____
(Last) (First) (Maiden)

Legal Custodian: (Y / N) Home Phone #: _____ Work Phone #: _____
(Circle One)

Mailing Address: _____
 (Street or P.O. Box) (Apt/Lot #) (City) (State)
 (Zip Code)

Name: _____ Relationship: Biological / Adoptive / Step / Other Family / Emancipated/Other
(Last) (First) (Circle One)

Mailing Address: _____
 (Street or P.O. Box) (Apt/Lot #) (City) (State)
 (Zip Code)

Home Phone #: _____ Work Phone #: _____ Date of Birth: _____
(If the child is in the custody of someone other than the biological/adoptive parent, a copy of the court order **MUST** be attached.)

DSM IV Diagnosis: ****Documentation MUST be Attached***

Axis I	Diagnosis	Date Given	Source
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Axis II _____

Axis III _____

Axis IV _____

Axis V _____

IQ Score(s): _____

Test Used: Wechsler / Stanford-Binet Date of last test: _____
(Circle One) (month/year)

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SECTION IV: PLACEMENT HISTORY

Client's Current Placement: _____

Type of Facility:

- ☐ Therapeutic Foster Care ☐ Moderate Management ☐ High Management
☐ Residential Treatment Facility ☐ Intensive Crisis Care ☐ Supervised Independent Living
☐ Temporary De-escalation Care ☐ Other: _____

Number of Previous Placements: ☐ 0-3 ☐ 4-6 ☐ 7-10 ☐ More than 10

Placement History:

SECTION V: EDUCATIONAL INFORMATION

Is child currently enrolled in school? (Y / N) Grade Level? _____
(Circle One)

Is child currently classified as Special Education? (Y / N) Special Education Classification: EH EMH LD Other
(Circle One) (Circle One)

Current School District: _____ Current School Name: _____

Resident/Home School District and School Name: _____

Last Attended School in Resident/Home School District (month/year)? _____

Has the Home School District been informed of child's current educational placement? (Y / N)
(Circle One)

If Special Education eligible, ATTACH copies of IEP, Psychoeducational Assessments, Placement Form, etc.

SECTION VI: Juvenile Justice

If additional space is needed, continue on back of sheet)

Has the child ever been convicted of any criminal charges? (Y / N)
(Circle One)

Please list all current and pending charges below:

If applicable, copies of any court orders related to the above charges MUST accompany referral.

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SECTION VII: Medical Information

Does this child have any medical conditions? (Y / N)
(Circle One)

If yes, indicate the conditions: _____

Are this child's medical needs currently being met? (Y / N)
(Circle One)

Who is the child's primary care physician? _____

List any medications the child is currently taking: _____

SECTION VIII: Efforts to resolve case.

Please outline all efforts to resolve the case in the area below. (attach separate sheet if necessary)

List all agencies involved and describe attempts to resolve the case and the outcomes of these attempts, including recommendations for resolution by the parties involved. If an agency is making the referral for consideration of an out-of-state placement, all efforts to place the client in South Carolina must be exhausted and documented below.

What issue do you want the CCRS to resolve?

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CHILDREN CASE RESOLUTION SYSTEM PARENTAL/GUARDIAN CONSENT FORM

I, _____, understand the content of this application
(Parent/Legal Guardian/Agency Director)
and I give my permission for this application to be submitted on behalf

of _____, / / to the _____
(Child) (Date of Birth)

Children's Case Resolution System. I, also, give my permission for the Children's Case Resolution System to initiate and participate in any activities, staffings or meetings regarding the above named child including the sharing of information about the above named child with appropriate agencies and potential providers for services. I believe that all the information provided in this referral is accurate information.

Signature (Parent/Legal Guardian)

Date

AGENCY DIRECTOR OR SCHOOL DISTRICT SIGNATURE FORM

Where Agencies or School Districts are making the referral, the Agency Director and/or School District Superintendent must sign. Signature indicates that all efforts to resolve the case have been attempted on the local and state levels with other involved agencies and that the supporting documentation is complete. Where Agencies are assisting parents with the completion of the referral, Agency Directors and/or School District Superintendent must sign.

Signature (/Agency Director or School District Superintendent)

Date

CHILDREN CASE RESOLUTION SYSTEM PARENTAL/GUARDIAN WITHDRAWAL CONSENT FORM

I withdraw my authorization of consent for application for my child, _____

_____.

Signature (Parent/Guardian) / Date

Signature (Parent/Guardian) / Date

Relationship to Child

Relationship to Child